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VIEWPOINTS

Consultations Then and Now

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(This is a reminiscent commentary on an aspect of medical practice which is showing the effects of changing times. Dr. A. D. Campbell speaks from experience, both as a youth when he saw the country consultations which he describes so refreshingly, later as a hospital intern, and then as a staff physician.)

AS IN other professions, customs have changed in the practice of medicine since the turn of the century. This is particularly true in regard to consultations which, conducted in large hospitals or impressive medical centres, have become cold, if thorough, deliberations.

The physicians of an earlier day conformed strictly to the ritual established by the school of Radcliffe, Meade, Askew, and later Archibald Pitcairn, a formula vividly described in "The Gold-Headed Cane". While such men might have envied the diagnostic equipment available today, they would have been repelled by the impersonal character of certain modern procedures.

Consultations were (and still should be) serious occasions. For the most part they were held in the home. Removal of the desperately ill patient to the hospital was regarded as a last resort presaging a fatal issue. In rural districts the consultant was located in the nearest large town. His name was regarded with respect and even awe throughout the area. When it was learned that he was to be called, the news spread throughout the community as rapidly as if carried by a Greek torch bearer, or by the beacon lights in Scotland.

Before the arrival of the great man, preparations were made comparable to those undertaken in anticipation of a visitation from the minister, the parish priest, or the Parliamentary representative. After the sick-room had been swept and polished, the children (those who could not escape to the woodshed) were scrubbed to a state of Sunday discomfort, and the women of the household donned starched aprons over their best afternoon dresses.

The consultant was fully aware of the impression he was expected to make. As a boy I recall one who arrived in a varnished hickory coach with mahogany trim, drawn by a span of spirited chestnuts, with silver manes and tails, groomed until they gleamed like satin. Greeted at the door by the attending physician, he removed his top hat and fine kid gloves, and dropped them with elegant carelessness on the hall table. Since doctors of those days adhered to the Hippocratic admonition regarding decorum in dress, his Prince Albert coat and striped trousers were of excellent cut and fine material. Slung between the two upper vest pockets was an extremely heavy watch-chain, like an order of knighthood. In his ascot was a pearl tie stickpin of particularly good quality. The other indispensable piece of jewellery was a signet ring of ecclesiastical proportions on his fourth left finger.

After the consultant had met some members of the family and, possibly, friends of long standing, the family doctor led the way to the parlour, a gloomy chamber obviously in need of a good airing, where the case in question was reviewed in detail. Shortly, the medicos approached the sickroom, and with impressive ceremony the visitor was introduced to the inner circle comprised of husband, spinster sister or mother-in-law, and, of course, the patient. When the interrogation began, the relatives silently disappeared, leaving their loved one to her mysterious and embarrassing ordeal.

When the examination was approaching completion, there appeared at the door a servant carrying wash basin, soap and fine monogrammed towel for the next indispensable step in the ritual. After a perfunctory cleansing of his hands, the consultant and his colleague again retired to the front room where the customary whiskey or sherry had been ceremoniously placed on a marble-topped table. The liquor was flanked by a large illustrated Bible and a family album. The latter would be thumbed by the practitioners. They observed with mild interest likenesses of the local politician and the family's spiritual adviser. There were stiffly splendid wedding groups and modest cabinet studies, somewhat faded, of uncles and aunts long departed, and a few daguerreotypes of the hired men whose loyalty and industry over the years had won them places in that visible record of treasured memories.

After the first few sips of sherry, the men relaxed to a degree in the horsehair chairs and placed their heads with care against the crocheted antimacassars. Their conversation touched on the merits of the vintage they were enjoying, the effects of strong liquor on others, the local stock market, the social background of the patient and the financial standing of the family into which she had married. The discussion was, naturally, flavoured with medical anecdotes and interspersed with *sotto voce* comments on the sepulchral décor of the surroundings.

After a suitable time had elapsed, it was agreed to terminate the conference. At this point the husband and those relatives regarded as sufficiently intimate were admitted to the sanctum. The family physician gave a brief history of his patient's illness, every detail of which was already familiar to the anxious little group, before he relinquished

the floor to his most distinguished colleague. Conscious that the audience was hanging on his every word, the consultant completely submerged his awed listeners with medical verbiage. In a circumlocutory summation he pontifically concurred with the diagnosis, treatment and prognosis of the case, and concluded by congratulating those concerned on their intelligent choice of an excellent medical counsellor.

In a city consultation, the rumour that a second opinion had been requested generated an excitement not unlike that created by the same news in rural communities, although there was likely to be less of personal concern and more of idle curiosity in it.

When the doctor arrived to await the coming of his chief from the university, he was likely to find the women across the street, mere nodding acquaintances of the afflicted, industriously sewing on their front porches, or peering from behind lace curtains discreetly drawn slightly to one side. Small boys, thrilled by any unusual happening in their street, dangled from branches of tall trees or clung precariously to telegraph poles to see every detail of the proceedings. Even the delivery boy from the store three blocks away seemed to be present when the visiting physician stepped from his carriage and attempted, with the aid of his confrère, to cut a path through the spectators.

Although no one actually had any knowledge of what was going on behind the brick walls, supposition and speculation abounded. If, as was sometimes the case, an ambulance was called, the cup of the watchers, did, in fact, run over. Silently they waited for the victim, bundled in red blankets, to appear strapped to a stretcher which was dexterously handled by the driver and a white-uniformed houseman. As the doors closed on their neighbour and the vehicle moved off to the harsh clanging of its bell, the group gradually broke up. At the evening meal up and down the street there was much discussion of the dramatic event, and even more guessing as to the probable date of the funeral.

Hospital consultations developed a protocol almost as elaborate as that connected with a presentation at Government House in Ottawa. The patient must first be asked whether she had any preference regarding the specialist to be called. When her wishes on that point had been made clear, a date was set for the interview. In the meantime, the patient, sick as she might be, sent for her best lingerie, perfume, and silk bedspread. If possible, she had her nails manicured and her hair dressed as though she expected to hold a levee. Such preparations were not discouraged, for the nurses realized (if the doctors did not) that a woman can face with composure almost any ordeal when she feels that she is attractive.

At the appointed hour the Chief arrived with his Senior House Officer and two or more Juniors. Usually they congregated at the nurses' station, where the case history was read aloud by the Senior House Officer of the physician in charge. Joined by the supervising nurse and one or two of her assistants, the retinue proceeded to the patient's room. It was often so filled that there was no standing room, a condition which offered a good excuse for junior interns to quietly absent themselves.

The consultant was formally introduced. After a few preliminary remarks he began his meticulous examination and pertinent questioning. Some patients became confused in their embarrassment before such a gathering, and not infrequently omitted important details in their replies. On the other hand there were those who were exhilarated by the fact that their condition had aroused so much interest, and they displayed, in consequence, a facile imagination in recounting their singular symptoms!

Following the examination, the doctors again conferred and virtually rehearsed their conclusions. The two principals with Senior House Officers returned to the patient's quarters, and the husband, usually not far distant, was summoned. After briefly outlining the case, the consultant, in simple language, explained their combined opinion and gave their recommendations. The family were left, therefore, with a feeling of complete satisfaction.

If, as was often the case, the probable outcome of the condition was at all serious, the husband was invited to an anteroom of the ward where he was given further details. If the prognosis was dark, he was so warned; further, he was given guidance as to how he and the family could best conduct themselves if things seemed to take a turn for the worse. Disturbed though he might be, the poor man at least knew that he was not alone and helpless in his trouble.

With continually increasing professional pressures, the pattern of consultations apparently had to change in the atomic age. Time-honoured practices of medicine have materially altered in recent years. Consultations have now been replaced by the requisition form with its scanty history of the patient. Without the former entourage, *sans cérémonie* of any kind, the specialist, clutching the sheet of paper in one hand, approaches the patient and introduces himself: "I am Dr. Good. Your doctor asked me to see you. Let me see—" his eyes search the form—"you are Mrs. Arthur Brown. You have some back pain. How is your weight?"

Mrs. Brown says nothing. She does not quite understand what he wants to know.

"What did your mother die of? Did her ankles swell as you think yours do?" His manner is impersonal, scientific. He does not notice the intake of breath as the woman recalls the details of her mother's last illness. She replies in almost inaudible tones. Without comment the doctor proceeds with his interrogation. Finally, laying down his pen, he looks towards the door. "Shall we have the nurse in and get the examination over?"

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The presence of an awkward student nurse and perhaps an intern busy with the sheets on his clipboard does little to relieve the apprehension of the patient, who is often unable to relax sufficiently to permit thorough investigation or even to recall significant details of her medical history.

When all is over, she is given no information. Casually the consultant remarks that he will talk things over with her doctor. "You will probably hear from him in a few days. Don't worry."

Returning to his desk he completes his report. As his findings are negative, he advises that the patient be seen by other departmental heads. In the meantime laboratory tests, from x-ray of the skull to proctoscopic examination, should be carried out. Then, as far as he is concerned, Mrs. Brown ceases to exist.

Left alone, Mrs. Brown is torn by wild speculation. After such a lengthy examination the specialist *must* know something. Is it so serious that he dare not tell her? In her favourite magazine, doctors frankly confessed that they believed it better to keep emotional patients in ignorance of a condition for which science could offer no cure. How can she find out before they tell Arthur? He has a bad heart. A telephone call to her doctor's office elicits from the Answering Service only the fact that he will be away until Monday. His home number is not in the directory. Even the nurse who brightly announces "No breakfast for you!" adds nothing beyond a muttered "Barium meal—didn't you know?" as she snaps off the light. If Mrs. Brown is lucky she is able to sob away some of her torment in the darkness.

During the following days Mrs. Brown is pricked, injected, pumped, and drained. Bruised and dispirited, she eventually reaches the psychiatrist, who, after exhaustive and often embarrassing interrogation, concludes that there seems to be a heavy overlay of anxiety state. "Go home, Mrs. Brown. Take an interest in the community. Turn the eyes outward from your own little circle, from yourself—and your backache will disappear."

After paying her enormous bill, Mrs. Brown is discharged, apparently cured. At any rate she is never again seen by any member of the hospital staff, not even by the physician under whose charge she was admitted. Her name, may, however, be found among the clients of one who heals by incantation or by laying-on of hands.

As recently as 50 years ago, the laboratory offered little assistance to the doctor in reaching a diagnosis. The Wassermann was just being introduced. Blood sugar values, basal metabolism estimations, the Rh factor and scores of other tests now in daily use had yet to be discovered. The doctor depended upon the clinical findings elicited by his five senses and a kind of extrasensory perception in deducing the nature of his patient's trouble. Aided by a wisdom distilled from a wide variety of experiences as well as, in many cases, an intimate knowledge of the family history, he came, surprisingly often, to a correct conclusion.

Granted that the old-time practitioner and his consultant may have exhibited blatant showmanship; nevertheless, they always treated the patient as an individual, worthy of their respect and solicitude. Their concern was for people; not with test tubes and many-paged reports that might result in a research appointment. The very attitude of superiority that they cultivated was often a comfort to the suffering who were impressed by the seriousness with which they were treated. The doctor, like God, was strength in a time of trouble. Often, of course, these medical men had nothing to offer but hope—yet without hope there is no hope.

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PAGES OUT OF THE PAST: FROM THE JOURNAL OF FIFTY YEARS AGO

PROVINCIAL MEDICAL BOARD OF NOVA SCOTIA

The annual meeting of the Provincial Medical Board of Nova Scotia was held at Halifax on July 16 with a large and representative attendance. . . . The following matters received attention: first, the question of the preliminary examination. . . . It was decided to extend somewhat the requirements of the examinations conducted by this Board, especially in connexion with the languages, and all the examiners are to be requested that in setting the papers in their particular departments, they will each see that the questions shall not be merely such as to test the memory of the candidate, but rather the ability to make practical use of knowledge.

In the registrar's report it was announced that information had been received from London that New Brunswick had joined with Nova Scotia, Quebec, and Prince Edward Island, in the recognition of British registration, and that reciprocity between Great Britain and that province would also soon be in force, as has been now for some time the case between Great Britain and the other three named provinces. In this there was also reference to the Canada Medical Act and the Medical Council of Canada, which was supplemented by a more extensive statement from the registrar, who was one of the representatives from Nova Scotia to the Council. The following resolution which represents the feeling of the Board and of the profession generally in Nova Scotia was passed unanimously by the meeting:

"That this Board is pleased to know that the Medical Council of Canada has been definitely organized under the Canada Medical Act, and would congratulate Dr. Roddick on the measure of success which has at last attended his efforts to bring about inter-provincial recognition of medical practitioners. The Board regrets, however, to understand that the Canada Medical Act has been so amended that instead of it being one of the prime objects of the Act, it is now really ultra vires for the Council to consider reciprocity conditions with Great Britain.

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